Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday September 14, 2005
Cranston, Rhode Island

DUR Board Members Present:	Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA Ellen Mauro, RN, MPH Richard Wagner, MD
DUR Board Members Absent:	John Zevzavadjian, RPh Ray Maxim, MD
Guests:	Paula Avarista, RPh, MBA (RI Medical Assistance) Karen Mariano, RPh (Electronic Data Systems) Janice McMahon (Electronic Data Systems) Ingelcia Simas (Electronic Data Systems) Julie Simpson, RPh (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs)

Minutes from the June 22, 2005 meeting were approved with minor changes.

The DUR Board continues its efforts to raise the awareness of prescribers to the risk of worsening diabetes control associated with the use of atypical antipsychotic agents. The Board reviewed a summary of responses to letters sent to prescribers of patients with diabetes who are taking an atypical antipsychotic agent. Dr. Wagner asked that a summary of the responses be made available to the Community Mental Health Centers Medical Directors in an effort to educate prescribers of the need to more closely monitor diabetic patients who are taking atypical antipsychotic agents.

A summary of letters sent to prescribers for patients with diabetes and evidence of coronary heart disease and not currently taking lipid lowering therapy was reviewed. The Board recommended that individual prescriber responses be evaluated and more specific outcomes be measured. Claims data will be re-evaluated to determine how many patients were started on lipid lowering therapy after the intervention letters were sent.

A recommendation was made to revise the response form and add more specific response options based on the type of the intervention letter. This will allow for prescribers to provide more specific responses based on the type of intervention letter received.

Paula Avarista indicated that quantity limits would be implemented for anti-migraine agents (Triptans) and Anti-emetic agents within the next few months. There was discussion regarding what would be an appropriate limit to help reduce over-utilization and inappropriate utilization of these agents but also allow for adequate supplies of these medications for patients.

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There was a significant amount of discussion regarding the transition of dual eligible Medical Assistance recipient and Community Medical Assistance Program (CMAP) patients to Medicare Part D. Board members expressed concern over the ability of many patients to continue to receive medications that may not be included on Medicare Part D Prescription Drug Plan (PDP) formularies. Issues of eligibility and continuity of care were discussed as well as a discussion of the possible role of the Medicare Quality Improvement Organizations (QIO) in assessing and improving medication use in the dual eligible population. Board members requested a meeting be arranged with PDP representatives, DUR Board members and representatives of DHS to discuss these issues once the PDPs were identified.

Dr. Kogut indicated that graduate students would be evaluating data regarding the use of quinolone antibiotics in the elderly and the health economic assessment of the use of lipid lowering therapy in diabetes.

Possible topics for future DUR evaluations were discussed. It was recommended that Medical Assistance patients eligible for Medicare Part D still continue to be included in the DUR process until their Medical Assistance drug coverage is terminated when Medicare Part D takes effect. Dr. Wagner suggested that the use of low dose Seroquel® (less than 200mg per day) along with another atypical antipsychotic agent be evaluated. Dr. Wager also warned that if benzodiazepines are excluded by Medicare Part D, then an increase in the use of low dose Seroquel® for its sedative effects may be observed after Part D takes effect January 1, 2006.

The next meeting was scheduled for 8:00am on Wednesday December 7, 2005 and will be held at the new EDS facility.